

## Request Form for a Reciprocal Pesticide Applicator's License from the State of Nebraska

PLEASE PRINT ALL INFORMATION REQUESTED

Mailing address:  City/state/zip:  Date of birth:	Applicator name:		M	т	
Date of birth:		First	MI	Las	t
Date of birth:	Mailing address:				
Indicate all Nebraska categories you are requesting to be licensed in:    1 Ag Plant	City/state/zip:				
1 Ag Plant	Date of birth:	Phone: <u>(</u>	Social Security Number:		
1 Soil Fumigation     6 Seed Treatment     1 Fumigation   2 Ag Animal   7 Right-of-Way   2 Ag Animal   3 Forest   8 Structural/Health   14 Wildlife Damage Control   8 Structural/Health   14 Wildlife Damage Control   REG Regulatory   15 Aquatic   9 Public Health   15 Aquatic   16 Wildlife Damage Control   REG Regulatory   16 Acrial applicators only: FAA Commercial License No.:   17 Wildlife Damage Control   18 Wildlife Damage Control   19 Wildlif	Indicate all Nebraska catego	ories you are requesting to	o be licensed in:		
2 Ag Anima    7 Right-of-Way   12 Aerial   3 Forest   8 Structural/Health   14 Wildlife Damage Control   8 W Wood-Destroying Organisms   16 Mildlife Damage Control   8 W Wood-Destroying Organisms   16 Mildlife Damage Control   18 W Wood-Destroying Organisms   18 Mildlife Damage Control   18 W Wood-Destroying Organisms   18 Mildlife Damage Control   18 Mildlife	1 Ag Plant			ol	☐ 10 Wood Preservation
3 Forest			_		
4 Ornamental and Turf					
□ 5 Aquatic □ 9 Public Health □ D/R Demonstration/Research  Aerial applicators only: FAA Commercial License No.:  If you have questions related to the completion of this form, please contact NDA at (402) 471-2394.  Resident Agent Designation:  Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In lieu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.  Nebraska Secretary of State is designated as my resident agent  Name/title of selected resident agent:  Address: Phone:  License requested: Private (\$25) Commercial (\$90 fee) Non-Commercial (fee exempt)  Submit this form, along with the appropriate fee, and a photocopy of your pesticide applicator's license for state of residence (plus a photocopy of FAA commercial license for pilots) to:  Nebraska Department of Agriculture  Bureau of Plant Industry  P.O. Box 94756  Lincoln, NE 68509-4756  Make check payable to: Nebraska Department of Agriculture  DR Charge on credit card. □ Visa □ Mastercard Card Number:  Expiration Date: Cardholder's Name:  Applicant's signature:  Date:  1 attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on					
Aerial applicators only: FAA Commercial License No.:				Organisms	
Resident Agent Designation:  Resident Agent Designation:  Resident Agent Designation:  Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In ieu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.    Nebraska Secretary of State is designated as my resident agent   Name/title of selected resident agent:	5 Aquatic		9 Public Health		D/R Demonstration/Research
Resident Agent Designation:  Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In iteu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.    Nebraska Secretary of State is designated as my resident agent   Nebraska Secretary of State is designated as my resident agent   Name/title of selected resident agent:	Aerial applicators only: FA	A Commercial License N	No.:		
Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In ieu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.    Nebraska Secretary of State is designated as my resident agent   Name/title of selected resident agent:	If you have questions related	d to the completion of thi	s form, please contact ND	A at (402) 471-2394.	
Name/title of selected resident agent:	Name a person who is a resi	dent of Nebraska and wh			
Name/title of selected resident agent:		of State is designated as	my resident agent		
License requested: Private (\$25) Commercial (\$90 fee) Non-Commercial (fee exempt)  Submit this form, along with the appropriate fee, and a photocopy of your pesticide applicator's license for state of residence (plus a photocopy of FAA commercial license for pilots) to:  Nebraska Department of Agriculture  Bureau of Plant Industry  P.O. Box 94756  Lincoln, NE 68509-4756  Make check payable to: Nebraska Department of Agriculture  OR Charge on credit card.		resident agent:			
Submit this form, along with the appropriate fee, and a photocopy of your pesticide applicator's license for state of residence (plus a photocopy of FAA commercial license for pilots) to:    Nebraska Department of Agriculture   Bureau of Plant Industry   P.O. Box 94756     Lincoln, NE 68509-4756     Make check payable to: Nebraska Department of Agriculture     OR Charge on credit card.	Address:		Phone:		
Submit this form, along with the appropriate fee, and a photocopy of your pesticide applicator's license for state of residence (plus a photocopy of FAA commercial license for pilots) to:    Nebraska Department of Agriculture   Bureau of Plant Industry   P.O. Box 94756     Lincoln, NE 68509-4756     Make check payable to: Nebraska Department of Agriculture     OR Charge on credit card.					
Nebraska Department of Agriculture Bureau of Plant Industry P.O. Box 94756 Lincoln, NE 68509-4756  Make check payable to: Nebraska Department of Agriculture  OR Charge on credit card.	License requested:	Private (\$25)	Commercial (\$90 fee) Non-Commercial (fee exempt)		
Bureau of Plant Industry P.O. Box 94756 Lincoln, NE 68509-4756  Make check payable to: Nebraska Department of Agriculture  OR Charge on credit card.			a photocopy of your pes	ticide applicator's licer	nse for state of residence (plus a photocopy
OR Charge on credit card.      Visa			Bureau of Plant P.O. Box 94	Industry 756	
Expiration Date: Cardholder's Name:  Applicant's signature: Date: I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on	Make check payable to: Ne	ebraska Department of A	griculture		
Applicant's signature: Date: I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on	OR Charge on credit card.	□ Visa □ Mastercard	d Card Number:		
I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on		Expiration Date:		_ Cardholder's Name:	
I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on		•			
I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on	Annlicant's signature			Date	
	I attest that my certific	ation has not been suspen	nded or revoked in the past	three years in any state	or tribe. I certify that the statements made on

P02.doc